



Informational Meeting

April, 2014

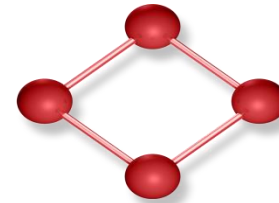
OBJECTIVES OF MEETING

- Understand the QMS structure
- Understand IDD Licensing.
- What to expect on visits?
- Be prepared for visits.
- Review of TCM with KanCare
- Ride Alongs



QMS Structure

- Current Structure
- New Structure



Licensing

- Applications
- KOTA
- Instructions
- Checklist
- Staff hired since last visit
- Consumers





LICENSE APPLICATION

COMMUNITY SERVICE PROVIDER (K.A.R. 30-63-10 et seq)

☐ Day Services
☐ Residential

☐ New Application ☐ Renewal Application ☐ Supplement to Application

[1] I/DD Service Provider (Legal Name)				[3] Federal ID Number/EIN	
[2] Agency Mailing Address		City	State	Zip	[4] Requested Effective Start Date
			KS		Submit application : 60 days before start
[5] Director/Administrator/CEO/President			[6] Phone Number		[9] Principal Affiliating CDDO <i>primary service</i>
			() -		
[7] Email Address/Agency Web Address (if applicable)			[8] Fax Number		[10] Other Affiliating CDDO <i>additional service</i>
			() -		
[11] Board Chair (if applicable)	[12] Mailing Address			[13] Phone Number	[14] Fax Number
				() -	() -
[15] Location(s) where services will be provided (List all physical locations, phone numbers, and capacity to serve* add additional pages, if needed)					
Physical Address				Phone Number	Capacity to Serve
				() -	
Physical Address				Phone Number	Capacity to Serve
				() -	
Physical Address				Phone Number	Capacity to Serve
				() -	

CERTIFICATIONS

- I agree to abide by all laws, **KMAP provider requirements**, regulations, training materials, policies and procedures governing provision of community services for people with developmental disabilities including the HCBS I/DD Waiver.
- I agree to fully cooperate with and be responsive to requests from and service reviews by the Kansas Department for Aging and Disability Services (KDADS) or its agents, and/or any CDDO in whose area community services are provided.
- I understand that after notice and an opportunity to correct the deficiencies, the license status can be negatively affected, up to and including revocation of the license.
- I certify that the licensee has and will maintain all licenses, certificates, and inspections of all local, county, state, and federal authorities and that all wage and hour protections are in place under the FLSA. [e.g. Minimum wage payments, withholding taxes, occupational health safety, zoning, fire safety inspections].
- I certify that services provided under this license will only be provided by employees of the licensee and that no person will be served at a location without such location having first been inspected and approved by local, county, state, and federal authorities, including KDADS.
- I certify that the information provided above is true, full, and complete to the best of my knowledge, information, and belief. I further certify that I will supplement this application to KDADS within seven days if any of the information changes, including but not limited to the addition of a location(s).



AUTHORIZATION

AS AN AUTHORIZED AGENT OF APPLICANT, I HAVE READ THE LAWS AND REGULATIONS GOVERNING THE OPERATION OF A COMMUNITY SERVICE PROVIDER. APPLICANT, IF GRANTED A LICENSE, WILL COMPLY AND COOPERATE WITH KDADS AND WILL BE RESPONSIVE TO ITS REQUESTS. APPLICANT WILL MAINTAIN CURRENT INFORMATION ON THIS APPLICATION, AND ANY ATTACHMENTS, AND WILL NOTIFY KDADS AND SUPPLEMENT THIS APPLICATION IF ANY INFORMATION CHANGES.

Signature		Title		Date	
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Send Applications to: KDADS Community Services and Programs
ATTN: Quality Assurance/Licensing
503 S. Kansas Ave Topeka
Topeka, Kansas 66603

Website: www.kdads.ks.gov
Phone: 785-296-4876
Fax: 785-296-0256
Email: HCBS-KS@kdads.ks.gov

Internal Use Only

QA Recommend? <input type="checkbox"/> Y <input type="checkbox"/> N Date _____		CDDO Affiliation <input type="checkbox"/> Y <input type="checkbox"/> N Date _____
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I certify that I completed the following tasks: Name _____ Signature _____ Date _____

CONSUMER LIST

The staff will complete the roster as soon as possible with the QMS staff.

(Y) for Yes (N) for No

[illegible]

Kansas Department for Aging and Disability Services
Community Services and Programs

Checklist Day/Residential/Limited License

Provider: _____ Date: _____
Day _____ Residential _____

QMS : _____ Purpose of Visit: _____

Capacity: _____ Today's Census: _____ Operator/Manager/Staff: _____

Staffing: Day _____ Evening _____ Night _____

Yes	No	
		30-63-11 License is prominently displayed in the holder's principal location
Yes	No	30-63-30 Physical Facilities
		<p>30-63-30 Physical Facilities (a)</p> <p>(1) Appropriate fire and safety equipment that is in good repair and is kept on site and accessible.</p> <ul style="list-style-type: none"> • (2) Combustible or flammable materials kept safe. • (3) Be clean and well maintained • (4) Be kept safe and secure • (5) furniture and equipment in good repair • (6) Maintaining a comfortable temperature and adequate ventilation • (7) Have adequate lighting • (8) be free of insect and rodent infestation • (9) areas free of obstacles and stored materials • (10) Assistive devices and structural modifications to meet the needs of individuals with physical disabilities.

		<ul style="list-style-type: none"> • (A) Notify the person's support network of the nature of the deficiency • (B) Implement any necessary corrective action by appropriate means, including any appropriate revisions to the PCSP
		30-63-30 Does the facility have eight or more individuals? KDHE license required
		30-63-30 Is there job training or production work? Compliance with
		30-63-29 Records (a) Records are maintained for each individual served including <ul style="list-style-type: none"> • Any application or agreement for services • Financial agreement made between the provider and the person • Any incident or accident reports
		30-63-29 (a)(4) a health profile, which shall be reviewed by a licensed medical practitioner at least every two years including <ul style="list-style-type: none"> (A) Notations regarding the person's health (B) Any medications (C) Other special medical or health considerations (5) Basic assessment and service information (BASIS) documents and other evaluation materials. Last Tier _____ (6) Persons PCSP (7) POC no longer required (8) Release of information authorizations for publication, and consents for emergency and other medical treatments (9) Discharge summary if applicable (b) Confidentiality of records maintained.

Yes	No	30-63-28 Abuse Neglect and Exploitation
		30-63-28 (a) Immediate appropriate action and assure individual(s) are protected
		30-63-28 (c) Staff training provided (d) Incident and any report of suspected abuse, neglect or exploitation is reported immediately to the appropriate state agency and is entered into AIR
		30-63-28 (2) provided the numbers and directions to each agency on how to make a report
		30-63-28 (e) Each agent cooperates with any state agency regarding investigations of ANE
		30-63-28(f) Employees do not have a conviction for ANE of children or vulnerable adults.
Yes	No	30-63-27 Emergency Preparedness
		30-63-27 (a)(1) Staff trained in general fire safety and emergency procedures. (a)(2) Able to evacuate the building where services are provided including (A) alternative exit routes (B) accounting for persons who might be present in the building at any time (C) designated meeting place outside the building where all persons go in the evacuation (3) Training for each person in the event of tornado or other storm (4) trained to respond to other emergency conditions
Yes	No	30-63-26 Staffing; Abilities; staff health
		30-63-26 (a) Sufficient staff to meet the needs of each person served.

		30-63-26 (b) Employees shall be able to perform the job duties before working without oversight by another trained staff.
		30-63-26 (c) Employees shall consistently satisfactorily perform the employees duties
		30-63-26 (d) Sufficient staff available with CPR and First Aid training.
		30-63-26(e) All professional staff or consultants shall be in compliance with their certification or licensing standards.
		30-63-26 (f) Staff monitoring the member's personal health and avoid exposing individuals to contagious diseases or other health endangerments.
Yes	No	30-63-25 Nutrition Assistance
		30-63-25(a) Staff assistance in obtaining daily access to well-balanced, nutritious diet consistent with the K.A.R. 30-63-21 regarding choice.
		30-63-25(a) Individuals living in a family home provider shall assist the person with any meals provided outside the home setting.
		30-63-25 (b) Modified or special diets served consistent with the needs, desires and medical orders.
Yes	No	30-63-24 Individual Health
		<p>30-63-24(a) Assistance provided in obtaining medical and dental services to meet the person's specific health care needs including</p> <ul style="list-style-type: none"> (1) Scheduling and receiving preventative examinations and physicals (2) Practicing for obtaining emergency services (3) Developing individualized procedures for the administration of medications, treatments including training for self-administration of medications (4) Obtaining supports including adaptive equipment, speech, hearing, physical, or occupational therapies

		<p>30-63-24(b) Non-licensed personnel shall administer medications and perform nursing tasks or activities in conformance with the provisions of K.S.A 65-1124</p> <p>Training program</p> <p>Nurse oversight</p> <p>Nurse delegation</p>
		<p>30-63-24(c) Training for the staff responsible for implementing the service provider's written policies and procedures for carrying out medication administration including</p> <ol style="list-style-type: none"> (1) Self-administration by any person (2) Medication checks and reviews (3) Emergency medical procedures (4) Any other health care task (5) Nurses Name, contact number, license and contract review.
		<p>30-63-24(d) Two or more providers providing services to the same person, providers work together to meet the health care needs of the individual.</p> <p>The individual, the guardian, a member of the person's support network, or a provider may take the lead coordination role and a designation of the person or entity SHALL be noted in the PCSP</p>
Yes	No	30-63-23 Medications; restrictive interventions; behavioral health management
		<p>30-63-23(a) Ensure appropriate effective and informed use of medications and other restrictive interventions to manage behavior or to treat diagnosed mental illness. These actions must be taken prior to initiating interventions unless the needs of the person</p>

clearly dictate otherwise and this is documented. Otherwise these actions must be taken promptly following the initiation of or any change.

30-63-23(b) These proactive and remedial actions shall include the following

(1) Safeguards which shall include initial and ongoing assessment and modifications that may be needed to ensure

(A) All other potentially effective, less restrictive alternatives have been tried and shown ineffective or a determination using professional clinical practice indicates less restrictive alternatives would not likely be effective.

(B) Positive behavior programming, environmental modifications and accommodations and effective services from the provider are present

(C) Voluntary, informed consent after a review of the risks benefits and side effects as to the use of restrictive interventions.

(D) Medications are administered per order. No PRN (as needed) medications are used without the express consent of the person or the guardian and per physician or medical provider designated by the person or guardian.

(2) Management including initial and ongoing assessment and responsive modifications that may be needed to ensure

(A)(i) When restrictive interventions or medications are used to manage behaviors the behaviors are documented as to the frequency and objective severity of occurrence

(ii) Periodic review and reports to the person and/or guardian and the physician prescribing medication to manage behavior frequency and objective severity of the specific behavior and effectiveness of restrictive intervention or medication and any side effects used to manage in conjunction with safeguard measures

		(iii) The provider recommends to the person or guardian and physician prescribing the medications to manage behavior, reducing the use of restrictive intervention or medication being used when appropriate, <u>based on the documented effectiveness</u> of those efforts in conjunction with safeguard measures.
		<p>30-63-23 (B) Medication used to treat diagnosed mental illness</p> <p>Managed by psychiatrist</p> <p>Periodically provide info for effectiveness</p> <p>For side effects</p> <p>May be by a physician if the individual or guardian requests</p> <p>(3) Review by the Behavioral management committee</p> <p>(A) Made up of</p> <p>Person served</p> <p>Guardian of persons served</p> <p>Family members of persons served</p> <p>Interested citizens</p> <p>Providers</p> <p>1/3 unassociated with the provider</p>
		(B) Periodic review the use of medication/restrictive interventions

		Committee reports to the provider on any unmet findings Provider immediate correction
		30-63-23 (c) Documentation of reasonable measures to obtain consent /consultation with guardian without response.
Yes	No	30-63-22 Individual Rights and Responsibilities
		30-63-22(a) Evidence of person's have been notified of their rights and responsibilities
		30-63-22(b)(1) Free from physical or psychological abuse or neglect or exploitation (2) control over finances (3) receive, purchase have and use personal property (4) actively and meaningfully making decisions affecting the person's life (5) privacy (6) able to associate and communicate publicly or privately with any person or group of people of the person's choice. (7) practice the religion or faith of the person's choice (8) free from the inappropriate use of physical or chemical restraint, isolation (9) not being required to work without compensation (10) being treated with dignity and respect (11) receiving due process (12) access to their own records
		30-63-22(c) Training of staff on the rights and at least annually
Yes	No	30-63-21 Person Centered Support Planning implementation
		30-63-21 (a)(1) developed after consultation with (A) The person (B) Legal guardian (C) Others from the support network

	<p>30-63-21(a)(2) Contains a description of the person's preferred lifestyle including</p> <ul style="list-style-type: none"> (A) Type of setting (B) Who does the person want to live with (C) What work or other activity the person wants (D) Who does the person want to socialize with (E) In what social, leisure religious or other activities the person wants to participate
	<p>30-61-21 (a) (3) the necessary activities training materials equipment assistive technology and services that are needed to assist the person to achieve their preferred lifestyle.</p>
	<p>30-63-21(a)(4) Opportunities of choice</p> <ul style="list-style-type: none"> (A) Indicate the person's preference among options presented by whatever communication method the person uses (B) Necessary support and training to allow the person to indicate their preferences, including description of training and support needed to fully participate in the planning (C) Does the person or guardian understand the negative consequences of choices the provider knows the person might make that may involve risk
	<p>30-63-21(a) (5) How the preferred lifestyle might be limited because of imminent danger to health safety or welfare based on an assessment of the following</p>

		<p>(A) Person's history of decision-making – any previous experience or practice in autonomy. The person's ability to learn from negative consequences of poor decision making</p> <p>(B) Short and long term consequences that might result with poor decision making</p> <p>(C) Consequences if provider limits or prohibits the person from making choice and</p> <p>(D) The safeguards available to protect the person's safety and rights in each context of choice.</p>
		30-63-21(a)(6) prioritize the delivery of services toward the goal of the persons preferred lifestyle
		<p>30-63-21(a)(7) contribute to the continuous movement of the person towards achievement of the person's preferred lifestyle</p> <p>Evaluating the outcome include assessments and</p> <p>(A) Include consideration of the expressed opinions of the person/legal guardian</p> <p>(B) Account for the following</p> <p>(i) Financial limitations</p> <p>(ii) Supports and training needed offered and accepted</p> <p>(iii) Next best options</p>
		<p>30-63-21(a)(8) approved in writing</p> <p>(b) Evidence of each provider worked together to prepare a single PCSP</p> <p>(c) Review and revision of the plan _____</p> <p>(1) changes in preferred lifestyle</p> <p>(2) achievement of goals or skills</p> <p>(3) any services being provided unresponsive</p> <p>(d) services delivered only in accordance with the PCSP</p>

STAFF HIRED SINCE LAST AUDIT

QMS licensing staff will give this form to the Representative and request that it be completed as soon as possible.

Please list (all) staff hired since the last audit.

[illegible]

Fire Drills

Evacuations

KDADS Community Services and Programs QMS Licensing
March 1, 2014

April, 2014

AD ASTRA

Quality Review and Assurance

- Protocols
 - Waivers
 - Quality of services
 - Satisfaction with services
 - Record Review
 - Interview



Updated Protocols

- For all waivers
- Change from fee for service to Managed Care.
- Begin July
- Changes in



Crisis and EF

- The state reviews for final determination based upon information provided.
- QMS staff may make a visit and request additional information if needed.



Needs

- **Identified Needs** are being met as identified in assessments.
 - The integrated service plan is developed based on the BASIS, Health Risk Assessment and needs assessment and PCSP to determine an individual's needs. (the **array of supports and services necessary to ensure a person's health, safety and welfare and allow them to remain in the community independently as possible**)

Crisis

- Individuals on the waiver who are in crisis may access other services that are needed to prevent institutionalization and protect their health, safety and welfare.



Reasons for needing additional services

- Risk or imminent risk of abuse, neglect or exploitation.
- Danger of harm to self or others
- Loss of family (i.e. parents deceased and new housing options are needed versus desired.



Wants Driven

- A person may want and can request one or more additional services.
- A person may indicate a preferred level of support **not** necessarily **needed** to ensure the person's health, safety and welfare
 - Indicated on the PCSP
 - Not identified on the needs assessment as needed

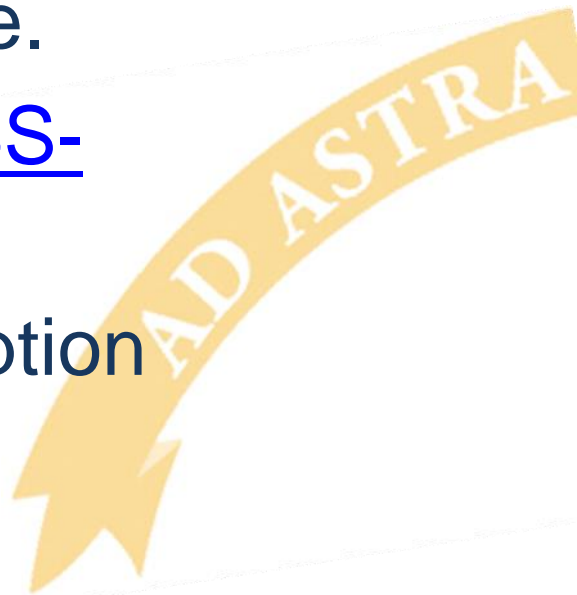
Request for Additional Services

A person may request additional services when the person has a significant change in service needs by contacting their MCO.

Fraud and Abuse



- Medicaid Fraud.
- AuthentiCare is required and any exception, must be approved annually by the State and exceptions are generally only granted if the DSW has an approved reason for not being capable of using KSAAuthentiCare.
- Requests should be sent to HCBS-KS@kdads.ks.gov
- Subject Line: Authenticare Exception Request.



Subcontracting

The state has become aware that some providers are contracting their licensed services to unlicensed residential families for individuals with IDD



- The state recognizes that this model, which is often referred to as Host Homes or Shared Living in other states, may be an opportunity to explore alternative settings to the traditional residential model used in Kansas.
- This model is not currently recognized in Kansas.
- KDADS legal department is reviewing concerns about the limitations of a licensed provider to delegate the license to a subcontractor.



- Employees of a licensed provider are allowed to provide residential services under the licensed provider's KDADS license for day and residential services; however subcontractors may not be recognized as a legitimate option for a licensee.

While under Review



- If you are a licensed provider who has subcontracted with residential families (Host Homes) who are paid by the provider a daily or monthly rate (they don't bill Medicaid directly), they must submit an addendum to their license and indicate all addresses where individuals are served.

While Under Review

- They also must notify the state any time any individual moves to a new setting within the Licensed provider.
- They also need to communicate this to the CDDO



CMS Final Rule

- CMS issued a final rule on March 17, 2014, requiring all states to come into compliance for all HCBS programs regarding residential and non-residential settings.
- Kansas will be looking at current settings to see if they are in compliance with the new requirements (which we will cover this afternoon) and considering alternative settings and options to meet the needs of individuals in all of the HCBS settings in Kansas.
- One consideration will be licensing Host Homes and adding this as a waiver service.



Contacts

Aquila Jordan, Director

Aquila.jordan@kdads.ks.gov

Kimberly Pierson, Assistant Director

Kimberly.Pierson@kdads.ks.gov

Greg Wintle, IDD Program Manager

Greg.wintle@kdads.ks.gov

785-096-0787

Susan Fout, Program Manager Quality and TCM

Susan.fout@kdads.ks.gov

785-296-4737



Where can I send my Questions and Concerns?

- For concerns and issues relating to billing, prior authorizations or program specific issues, contact the consumer managed care health plan
- For questions relating to program policies and procedures, contact the managed care health plans
- For questions relating to program eligibility, crisis exceptions, licensing, FMS agreements, parent fee, I/DD TCM and waitlist, contact KDADS



When I can't reach KDADS or an MCO?

- KDADS offers an additional option for providers to submit concerns relating to HCBS programs and KanCare
 - Provider Issue Tracking:
<http://www.aging.ks.gov/>
 - Providers have direct access to this link via the main KDADS provider information page
 - Providers can submit their concerns following registration



How to Register

- KDADS Provider Information Page
 - Click on **provider issue tracking** on left hand side
 - Are you currently a KDADS user?
 - If yes, no registration necessary
 - If no, click **provider log-in** and will be directed to register



Thank you for accessing the KDADS Provider Issue Tracking Application. This tool is intended to provide a forum to present specific issues that have not been able to be resolved through collaboration with your Provider Representative. The next step would be to contact the Managed Care Organization directly through the provider resources available to you through the MCO websites or the contacts listed below:



Amerigroup: Ginger Williams, Mgr II Prov Ntwk Mgt/Relations,
Ginger.Williams@amerigroup.com , (913) 749-5955 ext. 51608



Sunflower State Health: Bryan Swan, Provider Relations Manager,
bswan@sunflowerstatehealth.com, (913) 333-4542



United Health Care: Michael Ritter, Sr. Health Plan Analyst,
michael_ritter@uhc.com, (913) 333-4247

In posting your issue, please be as specific as possible and enter issues that involve more than one MCO or State Agency separately. Thank you for your time and detailed information that can help make this application an effective tool for resolving issues.

New Account Registration

[Register](#)

Returning

*Sign-In Name

*Email

*Password

[\(Forgot password, click here\)](#)

Please enter your Sign-In Name, E-mail Address and Password that you used when you previously created your account.

[Submit](#)

KDADS Web Apps Access

If you already have an existing KDADS Web Applications account,

[Web Applications](#)

click here , to access your Provider Issue Tracking account information and related issues, using your Web Applications sign-in name and password.

After accessing your Provider Issue Tracking account information and posted issues using this portal (web page), an icon will be available on the KDADS Web Applications page that will link to the Provider Issue Tracking application.

Provider Information Home Page

Adult Care Homes

CARE / CTO

SHICK

Forms

Manuals

Registrations
Training & Surveys

HCBS-IDD Providers

HCBS Providers

Provider Issue Tracking

Policy Issuance Memorandums

Statutes / Regulations

Informational Memorandums

KDADS Web Application Information

Draft Field Service Policies for Review/Comment

Current Final Policies Issued

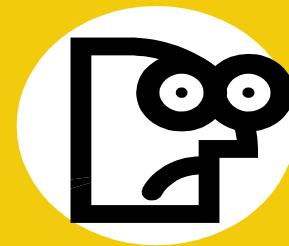
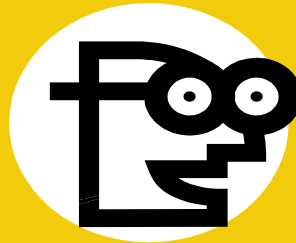
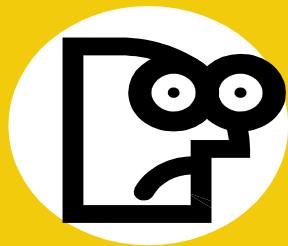
Date Posted:	04/10/2014	Policy Description:	Older Americans Act Program (OAA) Updates (Volume 2)
Comments Due:	05/15/2014	Purpose:	Responses:
Comments To:	Lacey.Vaughan@kdads.ks.gov	Revise Field Service Manual (FSM) 3.8 Family Caregiver Support Program, 4.1 Nutrition Services, and 7.1 Area Plans.	
Policy Status:	Revise		
Effective Date:	October 1, 2014		

Date Posted:	03/18/2014	Policy Description:	Criterion for Notification of Service Status
Comments Due:	03/28/2014	Purpose:	Responses:
Comments To:	Hcbs-ks@kdads.ks.gov	This policy establishes criterion for notification to the DCF for HCBS programs and services eligibility status. The policy delegates contracted entities the ability and responsibility to initiate an ES-3161 notification to DCF communicating the need for closure of HCBS program and services on behalf of KDADS.	
Policy Status:	Revised		
Effective Date:	04/01/2014		

Policy Update Information

New and updated policies will be posted on **KDADS Provider Information Page**. Providers will have 10 days from the date of posting to provide comments/ feedback. Check back often!

Questions



It's QUESTION TIME !!